

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Kidney Care Council Political Action Committee

ADDRESS (number and street) The Atlantic Building 950 F Street, NW Washington DC 20004 1404

2. FEC IDENTIFICATION NUMBER C00326736 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Foreman

Signature of Treasurer Electronically Filed by Robert Foreman Date 07 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Kidney Care Council Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		-123.97
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	-123.97									
(c) Total Receipts (from Line 19)	49276.46	49276.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49152.49	49152.49								
7. Total Disbursements (from Line 31)	20170.35	20170.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28982.14	28982.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Kidney Care Council Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	48800.00	48800.00
(i) Itemized (use Schedule A)	350.00	350.00
(ii) Unitemized	49150.00	49150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	49150.00	49150.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	126.46	126.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49276.46	49276.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49276.46	49276.46

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	170.35	170.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	170.35	170.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20170.35	20170.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20170.35	20170.35

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	49150.00	49150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49150.00	49150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	170.35	170.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	170.35	170.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial) A. Rose Bailey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 490 Chadbourne Rd.		Transaction ID: SA11A1.4439
City State Zip Code Fairfield CA 94534	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation Renal Advantage Inc. Regional Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Christopher Brengard		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 14651 Dallas Parkway, Suite 900		Transaction ID: SA11A1.4417
City State Zip Code Dallas TX 75254	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation U.S. Renal Care, Inc. President and CEO	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sharon Burbage		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive Suite 300		Transaction ID: SA11A1.4441
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation Renal Advantage Inc. VP, Clinical Services	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1950.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Burney

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. VP, Lab Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4442

Amount of Each Receipt this Period
650.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Barry Cosgrove

Mailing Address 9 Smithcliffs Road

City State Zip Code
Laguna Beach CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. Renal Care, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 29 / 2007

Transaction ID: SA11A1.4428

Amount of Each Receipt this Period
1000.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
John Crawford

Mailing Address 115 East Park Drive Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4446

Amount of Each Receipt this Period
1200.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	2850.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
John Egan

Mailing Address 4707 140th Ave North, Suite 107

City State Zip Code
Clearwater FL 33762

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Renal Care, Inc. Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 29 / 2007

Transaction ID: SA11A1.4413

Amount of Each Receipt this Period
1000.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Eric Enderle

Mailing Address 115 East Park Drive Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation VP, Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4447

Amount of Each Receipt this Period
650.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
Monte Frankenfield

Mailing Address 115 East Park Drive Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal Advantage Inc. Occupation VP, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4448

Amount of Each Receipt this Period
650.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Geneva Gayle Franks

Mailing Address 115 East Park Drive
Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. VP, Risk Management

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.4449

Amount of Each Receipt this Period
650.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Mark Gray

Mailing Address 115 East Park Drive
Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. VP, Bio-Medical Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.4450

Amount of Each Receipt this Period
650.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
Jack Harrington

Mailing Address 2400 E. Highland Dr.

City State Zip Code
Jonesboro AR 72410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. Renal Care, Inc. VP, Administration

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4415

Amount of Each Receipt this Period
1000.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial) A. Joyce Jackson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 700 Broadway		Transaction ID: SA11A1.4432	
City State Zip Code Seattle WA 98122	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	PAC contribution		
Name of Employer Northwest Kidney Centers	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Sarrah Johnson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 115 East Park Drive, Suite 300		Transaction ID: SA11A1.4451	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	PAC contribution		
Name of Employer Renal Advantage Inc.	Occupation Regional Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Michael Klein		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 115 East Park Drive Suite 300		Transaction ID: SA11A1.4453	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1700.00		
FEC ID number of contributing federal political committee. C	PAC contribution		
Name of Employer Renal Advantage Inc.	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial) Karl Kokko		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive Suite 300		Transaction ID: SA11A1.4454
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Renal Advantage Inc.	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B. Full Name (Last, First, Middle Initial) Eric Lenz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive, Suite 300		Transaction ID: SA11A1.4455
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Renal Advantage Inc.	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Ben Lipps		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Reservoir Woods, 920 Winter Street		Transaction ID: SA11A1.4434
City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Fresenius Medical Care NA	Occupation Global CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
D. Scott Mackesy

Mailing Address 3320 Park Avenue, Suite 2500

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4457

Amount of Each Receipt this Period
1000.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Kevin Manis

Mailing Address 115 East Park Drive, Suite 300

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. Dir. Fin. Ops. and Internal Controls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4459

Amount of Each Receipt this Period
300.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
Linda Meador

Mailing Address 115 East Park Drive Suite 300

City State Zip Code
Nashville TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. VP, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
05 / 03 / 2007

Transaction ID: SA11A1.4461

Amount of Each Receipt this Period
650.00

PAC contribution

SUBTOTAL of Receipts This Page (optional) ► 1950.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kenneth Melkus

Mailing Address 102 Woodmont Boulevard

City State Zip Code
Nashville TN 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Renal Advantage Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.4462

Amount of Each Receipt this Period
1000.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Joseph Mello

Mailing Address 601 Hawaii Street

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DaVita Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.4471

Amount of Each Receipt this Period
5000.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
Ryan Moore

Mailing Address 14651 Dallas Parkway, Ste. 900

City State Zip Code
Dallas TX 75254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. Renal Care, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4419

Amount of Each Receipt this Period
1000.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial) A. Vito Orlando		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 115 East Park Drive, Suite 300		Transaction ID: SA11A1.4464
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Renal Advantage Inc.	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jim Tarwater, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive Suite 300		Transaction ID: SA11A1.4466
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Renal Advantage Inc.	Occupation VP, Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Kent J Thiry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 601 Hawaii Street		Transaction ID: SA11A1.4470
City State Zip Code El Segundo CA 90245	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer DaVita Inc.	Occupation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5950.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Everett Truitt

Mailing Address 14651 Dallas Parkway, Ste. 900

City State Zip Code
Dallas TX 75254

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Renal Care, Inc. Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: SA11A1.4424

Amount of Each Receipt this Period
1000.00

PAC contribution

B. Full Name (Last, First, Middle Initial)
Mats Wahlstrom

Mailing Address Reservoir Woods
920 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2007

Transaction ID: SA11A1.4436

Amount of Each Receipt this Period
5000.00

PAC contribution

C. Full Name (Last, First, Middle Initial)
David Ward

Mailing Address 30 Burton Hills Blvd., Ste. 370

City State Zip Code
Nashville TN 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Renal Care, Inc. Occupation General Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: SA11A1.4430

Amount of Each Receipt this Period
1000.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial) A. Dean Weiland		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive Suite 300		Transaction ID: SA11A1.4467
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation Renal Advantage Inc. Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Thomas L Weinberg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 14651 Dallas Parkway Ste. 900		Transaction ID: SA11A1.4421
City State Zip Code Dallas TX 75254	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation U.S. Renal Care, Inc. VP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Karen Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Park Drive, Suite 300		Transaction ID: SA11A1.4468
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	PAC contribution	
Name of Employer Occupation Renal Advantage Inc. Dir. of Policy and Reg. Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 20	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lin Wycott

Mailing Address 21250 Hawthorne Blvd., Suite 800

City State Zip Code
Torrance CA 90503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DaVita Inc. PAC Treasurer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.4437

Amount of Each Receipt this Period
5000.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	48800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial) A. BAUCUS JOHNSON VICTORY FUND		Transaction ID: SB23.4410 Date of Disbursement
Mailing Address 818 CONNECTICUT AVENUE NW STE 1100		<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.4482 Date of Disbursement
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="2007"/>
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 04		

Full Name (Last, First, Middle Initial) C. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.4412 Date of Disbursement
Mailing Address PO Box 746		<input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="2007"/>
City Bismarck	State ND	Zip Code 58502
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A. FRIENDS OF JIM MCDERMOTT

Full Name (Last, First, Middle Initial)
Mailing Address 710 9TH STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement political contribution
Candidate Name

Category/Type

Office Sought: House Senate President
State: WA District: 7
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4403

Date of Disbursement
02 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement political contribution
Candidate Name

Category/Type

Office Sought: House Senate President
State: IA District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4407

Date of Disbursement
05 / 30 / 2007

Amount of Each Disbursement this Period

5000.00

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement political contribution
Candidate Name

Category/Type

Office Sought: House Senate President
State: NJ District: 06
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4394

Date of Disbursement
02 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial)

A. SALAZAR FOR SENATE

Mailing Address PO BOX 600

City DENVER State CO Zip Code 80201

Purpose of Disbursement
political contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.4405

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

20000.00